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**ABBREVIATIONS USED**

ACoS	American College of Surgeons
BVS	Bureau of Vital Statistics
CDC	Centers for Disease Control and Prevention
CoC	Commission on Cancer
FIPS	Federal Information Processing Standards
ICD	International Classification of Diseases
ICD-O, ICD-O-1, ICD-O-2 and ICD-O-3	International Classification of Diseases for Oncology, 1 <sup>st</sup> , 2 <sup>nd</sup> , and 3 <sup>rd</sup> editions, respectively
NAACCR	North American Association of Central Cancer Registries
NPCR	National Program of Cancer Registries of the CDC
PHR	Public Health Region
ROADS	Registry Operations and Data Standards (manual of ACoS)
SEER	Surveillance, Epidemiology, and End Results Program of the National Cancer Institute
SEER EOD	SEER Extent of Disease
TCR	Texas Cancer Registry
WHO	World Health Organization

The following sources were instrumental in preparing this handbook:

- \* SEER Program Code Manual. Third Edition.
- \* ROADS Manual, Volume 2, revised January 1998.
- \* NAACCR's Standards for Cancer Registries, Volume II, Data Standards and Data Dictionary, Fifth, Edition
- \* Cancer Reporting in California: Abstracting and Coding Procedures for Hospitals, Volume I, Fifth Edition
- \* SEER Extent of Disease-- 1998: Codes and Coding Instructions, Third Edition (SEER Program January 1998) (EOD)
- \* International Classification of Diseases for Oncology, Third Edition, (World Health Organization 2000) referred to as ICD-O-3.
- \* Self-Instructional Manual for Tumor Registrars: Book 8 -Antineoplastic Drugs, Third Edition (U.S. Department of Health and Human Services, December 1993)
- \* Texas Cancer Incidence Reporting Law and Rules, September 1998

Text documentation should be furnished to support the codes provided and for the TCR personnel to code reportable cases. Documentation is vital in our efforts to perform quality assurance to insure the reliability, completeness, and comparability of data. Documentation from state reporting facilities without approved cancer programs enables us to code the morphology, topography, staging, and treatment information to complete the submitted reports. Text information to support cancer diagnosis, stage, and treatment codes should be provided by facilities without a *documented data quality program* such as one approved by the American College of Surgeons.

- \* The data items on the TCR reporting form now have the NAACCR data item number in ( ) and the corresponding ROADS and SEER reference pages beside them for easy reference. The ROADS and SEER reference pages will change if the manuals are updated by the CoC and SEER.

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## NEW OR REVISED DATA ITEMS

**All cases diagnosed prior to January 01, 2001 may be submitted in NAACCR version 7.0, 8.0 or 9.0. All cases diagnosed on January 01, 2001 and forward MUST be reported in NAACCR version 9.0 only.** New data items have been added to the TCR reporting format based on requirements and recommendations of NAACCR and CDC. These new data items are to be used starting with cases diagnosed on or after January 01, 2001. These items will help the TCR better describe the incidence of cancer in Texas.

### **ADDED/REVISED FIELDS:**

#### ***MARITAL STATUS AT DX***

Marital status is linked to sexual activity and to hormonal status as a surrogate for parity. Incidence and survival of certain cancer varies by marital status. This item is also helpful in patient identification.

#### **RACE 1**

Standard changed from "RACE" to "RACE 1"

#### **RACE 2, RACE 3, RACE 4 and RACE 5**

If the patient is multi-racial, code all the races using race codes for data items 161 (RACE 2) through data item 164 (RACE 5). Codes are the same with the exception of an additional code "88" for no further race documented.

#### **DATE OF INITIAL RX**

Enter the date (month, day, century and year) of initiation of the first cancer directed therapy for the cancer being reported.

#### **RX SUMM /REG LN REMOVED**

Enter the number of regional lymph nodes identified in the pathology report in conjunction with surgery performed as part of the first course of treatment. This includes treatment given at all facilities as part of the first course of treatment. Because this field is not cumulative and not affected by timing issues, it does not replace or duplicate the field "Regional Lymph Nodes Removed". These are regional lymph nodes which are removed during this surgical procedure only

#### **RX SUMM/SCOPE REG LN SUR**

Enter site-specific codes for the type of surgery to regional lymph nodes performed as part of the first course of treatment. This includes treatment given at all facilities as part of the first course of treatment.



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**New or Revised Data Items, continued****INSTITUTION REFERRED FROM**

Record the facility where the patient was diagnosed, or received any initial treatment for this reportable tumor before admission to the reporting facility. Code 0's for class of case '0' and '1' cases.

**INSTITUTION REFERRED TO**

Record the facility where the patient was referred for definitive treatment for this reportable tumor after discharge from the reporting facility. Code 0's for class of case '3' and autopsy/death certificate only cases.

**Other Changes:**

The International Classification of Diseases for Oncology, Third Edition (ICD-O-3) **must** be used for submission of coded primary cancer site (topography), histology (morphology) and grade of tumor information for all cases diagnosed on **January 01, 2001 and forward**. These cases must be reported in the North American Association of Central Cancer Registries (NAACCR) version 9.0 format and **must** include the newly required reportable data items. All cases diagnosed prior to January 1, 2001, shall use the coding rules and data elements in effect during the respective reporting period and must be coded using (ICD-O-2), if coded data are submitted. These cases may be submitted in NAACCR versions 7.0, 8.0 or 9.0. The current version of SandCrab Lite (SCL) (version 3.2) can be used to submit cases prior to January 01, 2001.

In addition, SEER Summary Staging Guide 1977 (SSG77) has been completely revised. It is now known as "SEER Summary Staging Manual 2000" (SSSM2k) and it will be used for cases diagnosed on or after January 01, 2001. Every site will now have a staging scheme. The SSSM2k has more detailed information regarding adjacent sites, and ICD-O-3 topography and morphology, and includes site specific notes, coding guidelines, and anatomic drawings. One of the most significant changes affects the timing of the two month rule for staging. ***The new timing rule for Summary Stage must include all information (both clinical and pathological assessments) available through completion of surgery(ies) in the first course of treatment or within four months of diagnosis in the absence of disease progression, whichever is longer. (This is the same as SEER EOD).***

**For Cases Diagnosed from January 01, 2001 and forward the following is a list of terms that changed behavior code:**

**Terms Changing from Borderline to Malignant**

<b>ICD-O, Second Edition</b>	<b>Term as it appears in ICD-O, Third Edition</b>	<b>ICD-O, Third Edition</b>
89311	Endometrial stromal sarcoma, low grade (C54.1)	89313
89311	Endolymphatic stromal myosis (C54.1)	89313
89311	Endometrial stromatosis (C54.1)	89313
89311	Stromal endometriosis (C54.1)	89313
89311	Stromal myosis, NOS (C54.1)	89313
93931	Papillary ependymoma (713_)	93933
95381	Papillary meningioma	95383
99501	Polycythemia vera	99503
99501	Polycythemia rubra vera	99503
99601	Chronic myeloproliferative disease, NOS	99603
99601	Chronic myeloproliferative disorder	99603
99611	Myelosclerosis with myeloid metaplasia	99613
99611	Megakaryocytic Myelosclerosis	99613
99611	Myelofibrosis with myeloid metaplasia	99613
99621	Idiopathic thrombocythemia	99623
99621	Essential thrombocythemia	99623
99621	Essential hemorrhagic thrombocythemia	99623
99621	Idiopathic hemorrhagic thrombocythemia	99623
99801	Refractory anemia, NOS	99803
99811	Refractory anemia without sideroblasts	99803
99821	Refractory anemia with sideroblasts	99823
99821	Refractory anemia with ringed sideroblasts	99823
99813	Refractory anemia with excess blasts	99833
99841	Refractory anemia with excess blasts in transformation	99843
99891	Myelodysplastic syndrome, NOS	99893
99891	Preleukemia	99893
99891	Preleukemia syndrome	99893

### Terms Changing from Malignant to Borderline

<b>ICD-O, Second Edition</b>	<b>Term as it appears in ICD-O, Third Edition</b>	<b>ICD-O, Third Edition</b>
84423	Serous Cystadenoma, borderline malignancy (C56.9)	84421
84423	Serous tumor, NOS, of low malignant potential (C56.9)	84421
84513	Papillary Cystadenoma, borderline malignancy (C56.9)	84511
84623	Serous papillary cystic tumor of borderline malignancy (C56.9)	84621
84623	Papillary serous cystadenoma, borderline malignancy (C56.9)	84621
84623	Papillary serous tumor of low malignant potential (C56.9)	84621
84623	Atypical proliferative papillary serous tumor (C56.9)	84621
84723	Mucinous cystic tumor borderline malignancy (C56.9)	84721
84723	Mucinous cystadenoma, borderline malignancy (C56.9)	84721
84723	Pseudomucinous cystadenoma, borderline malignancy (C56.9)	84721
84723	Mucinous tumor, NOS, of low malignant potential (C56.9)	84721
84733	Papillary mucinous cystadenoma, borderline malignancy (C56.9)	84731
84733	Papillary pseudomucinous cystadenoma, borderline malignancy (C56.9)	84731
84733	Papillary mucinous tumor of low malignant potential (C56.9)	84731
94213	Pilocytic astrocytoma (C71._)	94211
94213	Piloid astrocytoma (C71._)	94211
94213	Juvenile astrocytoma (C71._)	94211
94223	Spongioblastoma, NOS (C71._) [obs]	94211

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## INTRODUCTION

### Texas Cancer Registry

In 1999, 32,703 Texans died from cancer and approximately 75,600 developed a new cancer. The data submitted by cancer reporters and maintained by the TCR is a vital part of efforts to reduce the burden of cancer in Texas.

With authorization from the Texas Cancer Control Act of 1979 and its 1999 amendment, the Texas Cancer Incidence Reporting Act (*Appendix B*), the TCR collects required information on each patient with a reportable disease seeking diagnosis and/or treatment at a hospital, clinical laboratory, or cancer treatment center within the State of Texas. Chapter 91 of the Texas Administrative Code outlines the rules necessary to implement this act.

The TCR is a population-based cancer incidence reporting system that collects, analyzes, and disseminates information on all new cases of cancer. This central repository of information is a valuable and essential tool in the identification of populations at high-risk for cancer, the monitoring of cancer incidence trends, the facilitation of studies related to cancer prevention, the evaluation of cancer control initiatives, the planning of health care delivery systems, and the development of educational awareness programs.

The contents of this manual are based on the guidelines and standards for cancer reporting established by CDC, NAACCR, SEER, and ACoS.

### Compliance

In 1998, the TCR began a more systematic approach to monitoring compliance with the Texas Cancer Incidence Reporting Act. Your regional program monitors submissions from your facility monthly. If no submissions have been received, for any given quarter, a reminder letter will be mailed to you at your institution and a copy will be forwarded to the administrator of your facility.

Because CDC requires timely submissions (abstracts **must** be submitted within 6 months of diagnosis/admission), the TCR recommends monthly submissions. At the very least, submissions should be quarterly.

**EXAMPLE:** In January 2001 you should submit the cases which were diagnosed and/or admitted to your facility in July 2000. If your facility abstracts the reportable cases as the patients are discharged from your facility, you may be missing part or all of the first course treatment. A procedure should be implemented to check readmissions for the additional first course treatment before submitting to the TCR.

Questions regarding your facility's compliance should be directed to your Regional Cancer Registry Program Manager (page 18).